

VOLUNTARY PATERNITY
ACKNOWLEDGMENT

Type or print in **BLACK INK**. No cross-outs, erasures or correction fluid allowed.
Follow instructions on the reverse side.

VITAL RECORDS
OFFICE USE ONLY

Date Filed

Certificate Number

SECTION I

Child's Name (As it now appears on the birth certificate) (First / Middle / Last / Title, such as Jr.)				Sex of Child <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Age	Child's Birth Date (Month/Day/Year)	Child's Birthplace - City, Village or Township		Child's Birthplace - County	
Mother's BIRTH Name (First / Middle / Last)		Mother's Age	Birth Date (Month/Day/Year)	Mother's Social Security No.	
Mother's Current Legal Name (First / Middle / Last)			Mother's Home Telephone No. ()	Mother's Work Telephone No. ()	
Mother's Mailing Address (Street Address / City / State / Zip Code)					
Father's Current Legal Name (First / Middle / Last)		Father's Age	Birth Date (Month/Day/Year)	Father's State of Birth (If not in U.S.A., name of country)	
Father's Social Security No.	Father's Mailing Address (Street Address / City / State / Zip Code)				

SECTION II Is this child's name to be changed? ☐ Yes ☐ No If yes, use the blocked area below to show the complete new name. FOR REQUESTS TO CHANGE THE CHILD'S NAME: If the child is age 7 through 17 when this form is received by the State Vital Records Office, the original certificate will show the change. This form may not be used to change a child's name if the child is age 18 or older.

We want our child's name changed to:

First	Middle	Last	Title (e.g., Jr.)
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SECTION III Each parent must sign this form, either separately or together, in the presence of a Notary Public. ALL SIGNATURES MUST BE IN BLACK INK. A Notary Seal is mandatory and must be present in both places designated at the bottom of this form.

If you have **ANY** questions about the legal impact of signing this form, seek legal advice and **DO NOT SIGN** this document.

MOTHER'S STATEMENT

I swear or affirm all of the following:

- I have received an oral explanation of the Rights and Responsibilities Statement on the cover sheet of this form. This statement includes the legal consequences and alternatives to signing this form.
- I have read and understand the Rights and Responsibilities Statement on the cover sheet of this form.
- I understand that I may not sign this form if I am under age 18.
- To the best of my knowledge, all of the above information is true and correct.
- I am the biological mother of the child named on this form.
- I understand that I may request genetic tests to determine paternity for my child before signing this form.
- The man named on this form is the biological father of the child named on this form.

Check one of the following:

☐ I was NOT married to another man at any time between conception or the birth of the child named on this form.

OR

☐ I was married to another man at some time between conception and birth of this child, but am attaching a certified court order stating that the man that I was married to is not the father of the child named on this form.

FATHER'S STATEMENT

I swear or affirm all of the following:

- I have received an oral explanation of the Rights and Responsibilities Statement on the cover sheet of this form. This statement includes the legal consequences and alternatives to signing this form.
- I have read and understand the Rights and Responsibilities Statement on the cover sheet of this form.
- I understand that I may not sign this form if I am under age 18.
- To the best of my knowledge, all of the above information is true and correct.
- I understand that I may request genetic tests to determine whether I am the father of this child prior to signing this form.
- I am the biological father of the child on this form.
- I understand that the mother has sole legal custody until a court orders otherwise.
- I understand that this is a legally binding document and that, by signing this form, I accept the legal responsibilities (including financial support) listed on the cover sheet of this form.

➤ SIGNATURE – Mother (Must be signed) _____ Date Signed (Mon/Day/Yr) _____

➤ SIGNATURE – Father (Must be signed) _____ Date Signed (Mon/Day/Yr) _____

CERTIFICATE OF NOTARY PUBLIC

NOTARY SEAL
(MANDATORY)

Subscribed and sworn before me this _____ day of

_____, _____, _____
Month Year

➤ SIGNATURE _____, Notary

of _____ county, state of _____.

My Commission expires _____.

Printed Name of Notary _____

CERTIFICATE OF NOTARY PUBLIC

NOTARY SEAL
(MANDATORY)

Subscribed and sworn before me this _____ day of

_____, _____, _____
Month Year

➤ SIGNATURE _____, Notary

of _____ county, state of _____.

My Commission expires _____.

Printed Name of Notary _____

GENERAL INFORMATION

Filing a completed Voluntary Paternity Acknowledgment with the Department of Health and Family Services Vital Records Office (State Registrar) establishes legal paternity. Read the attached statement of rights before signing this form. If you have questions concerning the legal impact of signing this document or if you do not understand your legal rights and obligations in this matter, seek legal advice and do not sign this form. You may keep the attached sheet for future reference. If you have questions on how to fill out this form, please call the State Vital Records Office at (608) 266-5736.

USE OF THIS FORM

A Voluntary Paternity Acknowledgment may be filed after the birth of the child if:

- (1) no other Voluntary Paternity Acknowledgment or court determination of paternity exists for the child, and
- (2) the mother was not married to anyone from the time of conception to the birth of the child. If the mother was married to another man at any time from conception to the birth of the child, this form may only be filed after the mother's husband has been declared by a court not to be the child's biological father.
- (3) The biological father may sign this form even if he is married to someone else.

Only the State Vital Records Office, after receiving this form, may enter the father's name and information on the birth certificate. **The hospital may not enter the father's name and information on the birth certificate.**

If the parents have married each other since the birth of the child, parents should follow the "Acknowledgment of Marital Child" process rather than file a Voluntary Paternity Acknowledgment. Call (608) 266-5825 or write to the address listed below for information on the Acknowledgment of Marital Child process. *(This process was formerly called the Legitimation process.)*

If a court order establishing paternity has been filed adding a father's name to the birth certificate, this Voluntary Paternity Acknowledgment may not be used since paternity has already been legally established. If a court order establishing paternity was filed but you now wish to change the child's name, this form may not be used for that purpose. You will need a new court order. You may want to contact an attorney for legal assistance.

INSTRUCTIONS FOR COMPLETING THE VOLUNTARY PATERNITY ACKNOWLEDGMENT [S. 69.15(3)(b)3]

SECTION I

- Complete each item in this section or the form will be returned as unacceptable.
- Enter the name of the child as it now appears on the birth certificate.
- When completing the father's information, enter the father's COMPLETE legal name as it should read on the child's birth certificate. The State Vital Records Office will use only the information entered in this section when adding the father's name to the birth certificate.
- If the mother and father have been assigned a Social Security number, they are required to provide it for the birth certificate. Social Security numbers may only be released to Child Support Agencies to conduct child support enforcement programs per 42 USC 405 (C)(2).
- Complete a separate form for each child of a multiple birth.

SECTION II

- You do not have to change your child's name. Your child's name MAY be changed by checking the box "Yes" and entering the child's new name in the boxes provided. If the child is **under 7 years of age** when this form is received by the Vital Records Office, and the name is changed, the original certificate will not show the change. If the child is age **7 through 17** when this form is received by the State Vital Records Office, and the name is changed, the original certificate will show the change. This form may not be used to change a child's name if the child is age 18 or older.

SECTION III

- Each parent must sign this form in the presence of a Notary Public. The mother and father do not need to be together at the time each signs the form, and each may use a different Notary Public.
- Make sure the Notary Public is a witness to all required signatures and that the Notary signs and completes the Notary information on both the mother and the father areas of this form. **The Notary Seal must be present in both designated areas.** (A Notary Public is someone specially licensed by a state government to witness legal signatures. Notaries can be found at banks, courthouses and hospitals.)

IMPORTANT FEE AMOUNTS AND PAYMENT INFORMATION

- **The fee to file this form is \$10.00.**
- The fee does not include any copies of the birth certificate. The fee for one certified copy of any birth certificate is \$12.00. Additional copies of the same record purchased at the same time as the first copy are \$3.00 each.
- Certified copies of the birth certificate will be sent to the mother's address unless this box is checked. ☐ **Send to father's address.**
- Your check or money order for fees should be made payable to: **State of Wis. Vital Records**
- AFTER THE BIRTH of the child, forward the completed form and the check or money order to: **STATE VITAL RECORDS OFFICE - VPA / P.O. BOX 309 / MADISON, WI 53701-0309**

ORDER HERE	<input checked="" type="checkbox"/> Filing fee (does not include a copy of the birth certificate)	\$ 10.00	10.00
	<input type="checkbox"/> First copy of birth certificate	\$ 12.00	
	<input type="checkbox"/> Each additional copy of the same certificate, issued at the same time as the first ____ X \$ 3.00		
	Number of Copies		
		TOTAL \$	

ADMINISTRATIVE USE ONLY	DOCUMENT SOURCE (Check one.)
	<input type="checkbox"/> Vital Records Office <input type="checkbox"/> Child Support Office <input type="checkbox"/> Hospital